## Nevada Department of Taxation Request For Appraiser's Certificate Examination And Application for Property Tax Appraiser's Certification

## To be completed by Applicant:

Applicant Name:				
Business Mailing Address:				
Street Address or P.O. Box	City	State	Zip	
Telephone:	Fax:	E-mail address:		
Sponsoring tax agency:				
Tax agency contact name:	agency contact name:		Contact phone number:	
Date of hire by sponsoring tax agency:		Job title:		
Duties of the position:				
Check all that apply:				
Please indicate preference fo		xamination:		
1st Quarter of the Year	General exam	Real Property exam	Personal Property Exam	
2nd Quarter of the Year	General exam	Real Property exam	Personal Property Exam	
3rd Quarter of the Year	General exam	Real Property exam	Personal Property Exam	
4th Quarter of the Year	General exam	Real Property exam	Personal Property Exam	
N 41 N 1				
Northern Nevada				
Southern Nevada				
			and/or Personal Property Exam	
Do you have a state busi If you answered "yes", p				
Signed:				
Name		Date		
Verification of Employme By my signature below, I ver the job duties specified and d Signed:	rify the applicant is cur	by Hiring Authority: rently an appraiser of the sp	oonsoring tax agency named above and	
Signeu.				
Hiring Authority Representa (Assessor or Department)		Title	Date	
Department Use Only (initial		Danier I Danier C	differentian arroaded as a C	
Examination date:			tification awarded as of	
Score:		Real Property Certific	ation awarded as of	
Proof of designation attached:				

Form 1307LGS Revised 11-18-13